

L12000068807

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2012 AUG 16 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

AUG 17 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BROWARD INDUSTRIAL SUPPLIES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS LANDAETA

Name of Person

BROWARD INDUSTRIAL SUPPLIES LLC

Firm/Company

1580 SAWGRASS CORPORATE PKWY STE 130

Address

SUNRISE, FL 33323

City/State and Zip Code

BROWARDSUPPLIES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS LANDAETA

Name of Person

at ()

954.315.4586

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BROWARD INDUSTRIAL SUPPLIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/22/2012 and assigned
Florida document number L12000068807.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1580 SAWGRASS CORPORATE PKWY STE 1
(Principal office address **MUST BE A STREET ADDRESS**) SUNRISE, FL 33323

Enter new mailing address, if applicable: 1580 SAWGRASS CORPORATE PKWY STE 1
(Mailing address **MAY BE A POST OFFICE BOX**) SUNRISE, FL 33323

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: LUIS LANDAETA

New Registered Office Address: 1580 SAWGRASS CORPORATE PKWY STE 130
Enter Florida street address

SUNRISE, Florida 33323
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Eduardo Rosas	1580 sawgrass corporate PKWY Ste 130 Sunrise, FL 33323	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Marisabel Cedeño Vargas	1580 sawgrass corporate PKWY Ste 130 Sunrise, FL 33323	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Maria I Cedeño	1580 sawgrass corporate PKWY Ste 130 Sunrise, FL 33323	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)


New principal and Mailing address
1580 sawgrass corporate PKWY
Suite 130
Sunrise, FL 33323

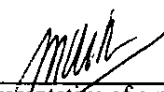
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 AUG 16 AM 8:42

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Dated _____


 Signature of a member or authorized representative of a member
 NOEL ENRIQUE ROSAS
 Typed or printed name of signee


 Signature of a member or authorized representative of a member
 MARISABEL CEDENO VARGAS
 Typed or printed name of signee